

1965

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 332	
City of <u>Navajo</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>160</u>	Local Registrar's No. _____
St. of <u>White River</u>	(No. _____)	St. _____	Ward _____
Full Name of Child <u>Logan Alvin Pessod</u>		Born } YES	Alive } NO
Child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	Number in order of birth <u>1</u>	Legitimate <u>yes</u>
Date of Birth <u>Sept 12</u> 191 <u>7</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Robert Alvin Pessod</u>		Full Name <u>Leila Ruth Corley</u>	
Residence <u>White River Ariz.</u>		Residence <u>White River Ariz.</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>32</u> (Years)		Age at last Birthday <u>34</u> (Years)	
Birthplace <u>Pinedale Ariz.</u>		Birthplace <u>Shoglow Ariz.</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 12 1917 at 1:30 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) R. H. Pessod M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a

Supplemental report _____ 191____

Filed _____ 191____

Address White River Ariz.
J. W. Bazell
LOCAL REGISTRAR.

A True Copy

Filed _____ 191____
374-962-338J. W. Bazell
COUNTY REGISTRAR.J. W. Bazell
COUNTY REGISTRAR.